

FILED NOV 25 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36965

Registrar's No. 4459

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2400-G-35
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ross W. Witherspoon

3. (b) If veteran, name war none 3. (c) Social Security No. unknown

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florence Witherspoon 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Oct-21-1874 (Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 10 If less than one day hr. min.

9. Birthplace Jackson Tenn (City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business Contractor

12. Name John Witherspoon

13. Birthplace Tenn (City, town, or county) (State or foreign country)

14. Maiden name Ms. Record

15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Witherspoon

(b) Address 2400-G-35

17. (a) Burial (b) Date thereof 11-5-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Cem.

18. (a) Signature of funeral director Mr. C. R. Foster

(b) Address 918 Brooklyn

19. (a) 11-1-48 (b) Sheralding Holmes (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 2400-G-35 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31st year 1948 hour 10 minute 45 AM

21. I hereby certify that I attended the deceased from April 1944 to Nov Oct. 31 1948
that I last saw him alive on Oct 27 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 30 min.

Due to Coronary Arteriosclerosis

Due to

Other conditions Myocardial Infarction (Include pregnancy within 5 months of death)

Major findings: Of operations 940

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Walter L. Wilson (e) Means of injury U

23. Signature Walter L. Wilson (M. D. or other)

Address 2400-G-35 Date signed Oct 21

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Joe B. Yoder
.....

Licensed Embalmer No. *4173*

P. O. Address. *N.C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.